

1 10A NCAC 13P .0903 is proposed for amendment as follows:

2
3 **10A NCAC 13P .0903 LEVEL III TRAUMA CENTER CRITERIA**

4 To receive designation as a Level III Trauma Center, a hospital shall have the following:

- 5 (1) A trauma program and a trauma service that have been operational for at least ~~six~~ 12 months prior
6 to application for designation;
- 7 (2) Membership in and inclusion of all trauma patient records in the North Carolina Trauma Registry
8 for at least ~~six~~ 12 months prior to submitting a Request for Proposal application;
- 9 (3) A trauma medical director who is a board-certified general surgeon. The trauma medical director
10 must:
- 11 (a) Serve on the center's trauma service;
- 12 (b) Participate in providing care to patients with life-threatening or urgent injuries;
- 13 (c) Participate in the North Carolina Chapter of the ACS' Committee on Trauma;
- 14 (d) Remain a current provider in the ACS' ~~Advanced Trauma Life Support~~ ATLS Course in
15 the provision of trauma-related instruction to other health care personnel.
- 16 (4) A designated trauma nurse coordinator (~~TNC~~)/~~program manager (TPM)~~ TNC/TPM who is a
17 registered nurse, licensed by the North Carolina Board of Nursing;
- 18 (5) A ~~trauma registrar (TR)~~ TR who has a working knowledge of medical terminology, is able to
19 operate a personal computer, and has ~~demonstrated~~ the ability to extract data from the medical
20 record;
- 21 (6) A hospital department/division/section for general surgery, emergency medicine, anesthesiology,
22 and orthopaedic surgery, with designated chair or physician liaison to the trauma program for
23 each;
- 24 (7) Clinical capabilities in general surgery with a written posted call schedule that indicates who is on
25 call for both trauma and general surgery. If a trauma surgeon is simultaneously on call at more
26 than one hospital, there must be a defined, posted trauma surgery back-up call schedule composed
27 of surgeons credentialed to serve on the trauma panel. The trauma service director shall specify, in
28 writing, the specific credentials that each back-up surgeon must have. These must state that the
29 back-up surgeon has surgical privileges at the trauma center and is boarded or eligible in general
30 surgery (with board certification in general surgery within five years of completing residency).
- 31 (8) Response of a trauma team to provide evaluation and treatment of a trauma patient 24 hours per
32 day that includes:
- 33 (a) A trauma attending whose presence at the patient's bedside within 30 minutes of
34 notification is documented and who participates in therapeutic decisions and is present at
35 all operative procedures;
- 36 (b) An emergency physician who is present in the ~~Emergency Department~~ ED 24 hours per
37 day who is either board-certified or prepared in emergency medicine (by the American

1 Board of Emergency Medicine or the American Osteopathic Board of Emergency
2 Medicine) or board-certified or eligible by the American Board of Surgery, American
3 Board of Family Practice, or American Board of Internal Medicine and practices
4 emergency medicine as his primary specialty. This emergency physician if prepared or
5 eligible must be board-certified within five years after successful completion of the
6 residency and serve as a designated member of the trauma team to ensure immediate care
7 for the trauma patient until the arrival of the trauma surgeon;

8 (c) An anesthesiologist who is on-call and promptly available after notification by the trauma
9 team leader or an in-house CRNA under physician supervision, practicing in accordance
10 with G.S. 90-171.20(7)e, pending the arrival of the anesthesiologist within ~~20~~ 30 minutes
11 of notification.

12 (9) A ~~written~~ credentialing process established by the Department of Surgery to approve mid-level
13 practitioners and attending general surgeons covering the trauma service. The surgeons must have
14 board certification in general surgery within five years of completing residency;

15 (10) Current board certification or eligibility of ~~orthopaedists~~, orthopaedists and neurosurgeons (if
16 participating), with board certification within five years after successful completion of residency;

17 (11) Standard ~~written protocols~~ documented protocols/guidelines relating to trauma care management
18 formulated and routinely ~~updated~~; updated. Activation guidelines should reflect criteria that
19 ensures patients receive timely and appropriate treatment including stabilization, intervention and
20 transfer. Documentation of effectiveness of variances from activation criteria addressed in items
21 (12), (13), and (14) of this Rule must be available for review.

22 (12) Criteria to ensure team activation prior to arrival of ~~trauma/burn~~ trauma and burn patients to that
23 include the following: following conditions:

24 (a) Shock;

25 (b) Respiratory distress;

26 (c) Airway compromise;

27 (d) Unresponsiveness (~~Glasgow Coma Scale~~ GSC less than eight) with ~~potential~~ evidence
28 for multiple injuries; ~~and~~

29 (e) Gunshot wound to ~~head~~, neck, or ~~torso~~; torso; and

30 (f) ED physician's decision to activate.

31 (13) ~~Surgical evaluation~~, Established Trauma Treatment Guidelines based on facility capabilities that
32 ensure surgical evaluation or appropriate transfer, based upon the following criteria, by the health
33 professional who is promptly available:

34 (a) Proximal amputations;

35 (b) Burns meeting institutional transfer criteria;

36 (c) Vascular compromise;

37 (d) Crush to chest or pelvis;

- 1 (e) Two or more proximal long bone fractures; ~~and~~
- 2 (f) Spinal cord ~~injury.~~ injury; and
- 3 (g) Gunshot wound to the head.
- 4 (14) ~~Surgical ~~consults,~~ consults or appropriate transfers determined by established Trauma Treatment~~
5 Guidelines based on facility capabilities, based upon the following criteria, by the health
6 professional who is promptly available:
 - 7 (a) Falls greater than 20 feet;
 - 8 (b) Pedestrian struck by motor vehicle;
 - 9 (c) Motor vehicle crash with:
 - 10 (i) Ejection (includes motorcycle);
 - 11 (ii) Rollover;
 - 12 (iii) Speed greater than 40 mph; or
 - 13 (iv) Death of another individual ~~at the scene;~~ in the same vehicle;
 - 14 (d) Extremes of age, less than five or greater than 70 years;
- 15 (15) Clinical capabilities (promptly available if requested by the trauma team leader, with a posted on-
16 call schedule) ~~to~~ that include individuals credentialed in the following:
 - 17 (a) Orthopaedics; ~~and~~
 - 18 (b) ~~Radiology.~~ Radiology; and
 - 19 (c) Neurosurgery, if actively participating in the acute resuscitation and operative
20 management of patients managed by the trauma team.
- 21 (16) An Emergency Department that has:
 - 22 (a) A ~~designated~~ physician director who is board-certified or prepared in emergency
23 medicine (by the American Board of Emergency Medicine or the American Osteopathic
24 Board of Emergency Medicine);
 - 25 (b) 24-hour-per-day staffing by physicians physically present in the Emergency Department
26 who:
 - 27 (i) Are either board-certified or prepared in emergency medicine (by the American
28 Board of Emergency Medicine or the American Osteopathic Board of
29 Emergency Medicine) or board-certified or eligible by the American Board of
30 Surgery, American Board of Family Practice, or American Board of Internal
31 Medicine. These emergency physicians must be board-certified within five years
32 after successful completion of a residency;
 - 33 (ii) Are designated members of the trauma team; ~~and~~ team to ensure immediate care
34 to the trauma patient; and
 - 35 (iii) Practice emergency medicine as their primary specialty.

- 1 (c) Nursing personnel with experience in trauma care who continually monitor the trauma
2 patient from hospital arrival to disposition to an intensive care unit, operating room, or
3 patient care unit;
- 4 (d) Resuscitation equipment for patients of all ages ~~to include:~~ that includes:
- 5 (i) Airway control and ventilation equipment (laryngoscopes, endotracheal tubes,
6 bag-mask resuscitators, pocket masks, and oxygen);
- 7 (ii) Pulse oximetry;
- 8 (iii) End-tidal carbon dioxide determination equipment;
- 9 (iv) Suction devices;
- 10 (v) ~~Electrocardiograph-oscilloscope-defibrillator~~ An Electrocardiograph-
11 oscilloscope-defibrillator with internal paddles;
- 12 (vi) Apparatus to establish central venous pressure monitoring;
- 13 (vii) Intravenous fluids and administration devices ~~to~~ that include large bore catheters
14 and intraosseous infusion devices;
- 15 (viii) Sterile surgical sets for airway control/cricothyrotomy, thoracotomy, vascular
16 access, thoracostomy, peritoneal lavage, and central line insertion;
- 17 (ix) Apparatus for gastric decompression;
- 18 (x) 24-hour-per-day x-ray capability;
- 19 (xi) Two-way communication equipment for communication with the emergency
20 transport system;
- 21 (xii) Skeletal traction devices;
- 22 (xiii) Thermal control equipment for patients; and
- 23 (xiv) Thermal control equipment for blood and fluids;
- 24 (xv) ~~Rapid~~ A rapid infuser system;
- 25 (xvi) ~~Broselow tape;~~ A dosing reference and measurement system to ensure
26 appropriate age related medical care; and
- 27 (xvii) ~~Doppler.~~ A Doppler.
- 28 (17) An operating suite that has:
- 29 (a) Personnel available 24 hours a day, on-call, and available within 30 minutes of
30 notification unless in-house;
- 31 (b) Age-specific equipment ~~to include:~~ that includes:
- 32 (i) Thermal control equipment for patients;
- 33 (ii) Thermal control equipment for blood and fluids;
- 34 (iii) 24-hour-per-day x-ray capability, including c-arm image intensifier;
- 35 (iv) Endoscopes and bronchoscopes;
- 36 (v) Equipment for long bone and pelvic fracture fixation; and
- 37 (vi) ~~Rapid~~ A rapid infuser system.

- 1 (18) A postanesthetic recovery room or surgical intensive care unit that has:
- 2 (a) 24-hour-per-day availability of registered nurses within 30 minutes from inside or outside
- 3 the hospital;
- 4 (b) Equipment for patients of all ages ~~to include:~~ that includes:
- 5 (i) ~~Capability~~ The capability for resuscitation and continuous monitoring of
- 6 temperature, hemodynamics, and gas exchange;
- 7 (ii) Pulse oximetry;
- 8 (iii) End-tidal carbon dioxide determination;
- 9 (iv) Thermal control equipment for patients; and
- 10 (v) Thermal control equipment for blood and fluids.
- 11 (19) An intensive care unit for trauma patients that has:
- 12 (a) A ~~designated surgical director of trauma patients;~~ trauma surgeon who actively
- 13 participates in the committee overseeing the ICU;
- 14 (b) A physician on duty in the intensive care unit 24-hours-per-day or immediately available
- 15 from within the hospital (which may be a physician who is the sole physician on-call for
- 16 the ~~Emergency Department;~~ ED;
- 17 (c) Equipment for patients of all ages ~~to include:~~ that includes:
- 18 (i) Airway control and ventilation equipment (laryngoscopes, endotracheal tubes,
- 19 bag-mask resuscitators and pocket masks);
- 20 (ii) ~~Oxygen~~ An oxygen source with concentration controls;
- 21 (iii) ~~Cardiac~~ A cardiac emergency cart;
- 22 (iv) ~~Temporary~~ A temporary transvenous pacemaker;
- 23 (v) ~~Electrocardiograph oscilloscope defibrillator;~~ An electrocardiograph-
- 24 oscilloscope-defibrillator;
- 25 (vi) Cardiac output monitoring capability;
- 26 (vii) Electronic pressure monitoring capability;
- 27 (viii) ~~Mechanical~~ A mechanical ventilator;
- 28 (ix) Patient weighing devices;
- 29 (x) Pulmonary function measuring devices; and
- 30 (xi) Temperature control devices.
- 31 (d) Within 30 minutes of request, the ability to perform blood gas measurements, hematocrit
- 32 level, and chest x-ray studies;
- 33 (20) Acute hemodialysis capability or utilization of a written transfer agreement;
- 34 (21) Physician-directed burn center staffed by nursing personnel trained in burn care or a written
- 35 transfer agreement with a burn center;
- 36 (22) Acute spinal cord management capability or ~~written~~ transfer agreement with a hospital capable of
- 37 caring for a spinal cord injured patient;

- 1 (23) Acute head injury management capability or ~~written~~ transfer agreement with a hospital capable of
 2 caring for a head injury;
- 3 (24) Radiological capabilities that include:
- 4 (a) Radiology technologist and computer tomography technologist available within 30
 5 minutes of notification or documentation that procedures are available within 30 minutes;
- 6 (b) Computed Tomography;
- 7 (c) Sonography; and
- 8 (d) Resuscitation equipment ~~to include~~ that includes airway management and IV therapy.
- 9 (25) Respiratory therapy services on-call 24 hours per day;
- 10 (26) 24-hour-per-day clinical laboratory service that must include:
- 11 (a) Standard analysis of blood, urine, and other body fluids, including micro-sampling when
 12 appropriate;
- 13 (b) Blood-typing and cross-matching;
- 14 (c) Coagulation studies;
- 15 (d) Comprehensive blood bank or access to a community central blood bank with storage
 16 facilities;
- 17 (e) Blood gases and pH determination; and
- 18 (f) Microbiology.
- 19 (27) ~~Full in-house~~ In-house rehabilitation service or ~~written~~ transfer agreement with a rehabilitation
 20 facility accredited by the Commission on Accreditation of Rehabilitation Facilities;
- 21 (28) Physical therapy and social services.
- 22 (29) A performance improvement program, as outlined in the North Carolina Chapter of the American
 23 College of Surgeons Committee on Trauma document "Performance Improvement Guidelines for
 24 North Carolina Trauma Centers," incorporated by reference in accordance with G.S. 150B-21.6,
 25 including subsequent amendments and editions. This document is available from the OEMS, 2707
 26 Mail Service Center, Raleigh, North Carolina 27699-2707, at no cost. This performance
 27 improvement program must include:
- 28 (a) ~~The trauma registry state Trauma Registry agreed to by the North Carolina State Trauma~~
 29 ~~Advisory Committee and OEMS,~~ whose data is submitted to the OEMS at least ~~quarterly~~
 30 weekly and includes all the center's trauma patients as defined in Rule ~~.0801(33)~~
 31 .0102(57) of this Subchapter who are either diverted to an affiliated hospital, admitted to
 32 the trauma center for greater than ~~23:59 hours (24 hours or more)~~ 24 hours from an ED or
 33 hospital, die in the ED, are DOA or are transferred from the ED to the OR, ICU, or
 34 another hospital (including transfer to any affiliated hospital);
- 35 (b) Morbidity and mortality reviews ~~to include~~ including all trauma deaths;
- 36 (c) Trauma performance committee that meets at least ~~quarterly, to include~~ quarterly and
 37 includes physicians, orthopaedics and neurosurgery if participating in trauma service,

- 1 nurses, pre-hospital personnel, and a variety of other healthcare providers, and reviews
2 policies, procedures, and system issues and whose members or designee attends at least
3 ~~50%~~ 50 percent of the regular meetings;
- 4 (d) Multidisciplinary peer review committee that meets at least quarterly and includes
5 physicians from trauma, emergency medicine, and other specialty physicians as needed
6 specific to the case, and the trauma nurse coordinator/program manager and whose
7 members or designee attends at least ~~50%~~ 50 percent of the regular meetings;
- 8 (e) Identification of discretionary and non-discretionary audit filters;
- 9 (f) Documentation and review of times and reasons for trauma-related diversion of patients
10 from the scene or referring hospital;
- 11 (g) Documentation and review of response times for trauma surgeons, airway managers, and
12 orthopaedists. All must demonstrate ~~80%~~ 80 percent compliance;
- 13 (h) Monitoring of trauma team notification times;
- 14 (i) Documentation (unless in-house) and review of Emergency Department response times
15 for anesthesiologists or airway managers and computerized tomography technologist;
- 16 (j) Documentation of availability of the surgeon on-call for trauma, such that compliance is
17 ~~90%~~ 90 percent or greater where there is no trauma surgeon back-up call schedule;
- 18 (k) Trauma performance and multidisciplinary peer review committees may be incorporated
19 together or included in other staff meetings as appropriate for the facility performance
20 improvement rules;
- 21 (l) Review of pre-hospital trauma care ~~to include~~ including dead-on-arrivals; and
- 22 (m) Review of times and reasons for transfer of injured patients.
- 23 (30) An outreach program ~~to include:~~ that includes:
- 24 (a) ~~Written transfer~~ Transfer agreements to address the transfer and receipt of trauma
25 patients; and
- 26 (b) Participation in a ~~Regional Advisory Committee (RAC).~~ RAC.
- 27 (31) Coordination or participation in community prevention activities;
- 28 (32) A documented continuing education program for staff physicians, nurses, allied health personnel,
29 and community physicians ~~to include:~~ that includes:
- 30 (a) 20 hours of Category I or II trauma-related continuing medical education (as approved by
31 the Accreditation Council for Continuing Medical ~~Education~~ Education) every two years
32 for all attending general surgeons on the trauma service, orthopaedists, and
33 neurosurgeons if participating in trauma service, with at least ~~50%~~ 50 percent of this
34 being extramural;
- 35 (b) 20 hours of Category I or II trauma-related continuing medical education (as approved by
36 the Accreditation Council for Continuing Medical ~~Education~~ Education) every two years
37 for all emergency physicians, with at least ~~50%~~ 50 percent of this being extramural;

- 1 (c) ~~Advanced Trauma Life Support (ATLS)~~ ATLS completion for general surgeons on the
2 trauma service and emergency physicians. Emergency physicians, if not boarded in
3 emergency medicine, must be current in ATLS;
- 4 (d) 20 contact hours of trauma-related continuing education (beyond in-house in- services)
5 every two years for the ~~trauma nurse coordinator/program manager;~~ TNC/TPM;
- 6 (e) 16 hours of trauma-registry-related or trauma-related continuing education every two
7 years, as deemed appropriate by the ~~trauma nurse coordinator/program manager;~~
8 TNC/TPM, for the trauma registrar;
- 9 (f) At least an ~~80%~~ 80 percent compliance rate for 16 hours of trauma-related continuing
10 education (as approved by the trauma nurse coordinator/program manager) every two
11 years related to trauma care for RN's and LPN's in transport programs, Emergency
12 Departments, primary intensive care units, primary trauma floors, and other areas deemed
13 appropriate by the trauma nurse coordinator/program manager; and
- 14 (g) 16 hours of trauma-related continuing education every two years for mid-level
15 practitioners routinely caring for trauma patients.
16

17 *History Note:* *Authority G.S. 131E-162;*
18 *Temporary Adoption Eff. January 1, 2002;*
19 *Eff. April 1, 2003;*
20 *Amended Eff. January 1, 2009; January 1, 2004.*